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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MISSOURI	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Angela First name Linette Middle name Kitchen Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1599		

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Debtor 1 Angela Linette Kitchen

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	1529 SE 11th Street	If Debtor 2 lives at a different address:			
		Lees Summit, MO 64081 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Jackson				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Page 3 of 48 Document Debtor 1 Case number (if known) Angela Linette Kitchen Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

this bankruptcy petition.

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Document Page 4 of 48 Case number (if known) Debtor 1 Angela Linette Kitchen Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Angela Linette Kitchen

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Angela Linette Kit	chen		Case	number (if known)			
Part	6: Answer These Quest	ions for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
		■ Yes. Go to line 17.						
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consumer debts or	business debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	ter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and							
	administrative expenses are paid that funds will		for Reporting Purposes Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 17. State the type of debts you owe that are not consumer debts or business debts I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No. I am not filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No. Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No. Solo.000					
	be available for distribution to unsecured creditors?		□ Yes					
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		· · · · · · · · · · · · · · · · · · ·				
		☐ 100-19 ☐ 200-99		☐ 10,001-25,000	☐ More than100,000			
19.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?							
20.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million	\$50 million			
	estimate your liabilities to be?							
		_						
Part	:7: Sign Below							
For	you	I have exa	mined this petition, and I o	declare under penalty of perjury that th	ne information provided is true and correct.			
		I request r	elief in accordance with the	e chapter of title 11, United States Co	de, specified in this petition.			
		bankruptcy and 3571.	y case can result in fines u					
		Angela L	inette Kitchen	Signature o	f Debtor 2			
		Executed	0 010001 10, 2010	Executed or				
			IVIIVI / UU / YYYY		IVIIVI / DD / TTTT			

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Debtor 1 Angela Linette Kitchen Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David R. Barlow	Date	October 15, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
David R. Barlow 43937 MO; 16582 KS		
Printed name		
Barlow & Niffen, PC		
Firm name		
1901 Swift Avenue		
North Kansas City, MO 64116-3421		
Number, Street, City, State & ZIP Code		
Contact phone (816) 842-9009	Email address	barlow@kclawinfo.com
43937 MO; 16582 KS MO		
Bar number & State		

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Missouri

In re	Angela Linette Kitchen		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	RNEY FOR DE	BTOR(S)	
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be paid	to me, for services rend	ered or to
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have received	I	\$	1,500.00	
	Balance Due		\$	0.00	
2. \$	335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are mem	pers and associates of m	ıy law firm.
	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the name of the agreement.				firm. A
6.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspect	s of the bankruptcy c	ase, including:	
t	 Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credit [Other provisions as needed] Per Contract. All services set forth in the 	atement of affairs and plan which tors and confirmation hearing, ar	may be required; nd any adjourned hea		ptcy;
7. I	By agreement with the debtor(s), the above-disclosed for Per Contract. Such fee does not include services in Chapter 13 cases subject to based on actual time records submittee	de representation in adversa o court approval, based on t	ary proceedings. F		
		CERTIFICATION			
	certify that the foregoing is a complete statement of a ankruptcy proceeding.	ny agreement or arrangement for	payment to me for re	epresentation of the deb	tor(s) in
0	ctober 15, 2019	/s/ David R. Barlo	w.		
	ate	David R. Barlow	43937 MO; 16582	(S	_
		Signature of Attorne Barlow & Niffen,			
		1901 Swift Avenu	ie		
			y, MO 64116-3421 ax: (816)221-8040		
		barlow@kclawinf			
		Name of law firm			

American Express PO Box 981535 El Paso TX 79998-1535

American Express P.O. Box 650448 Dallas TX 75265-0448

Arvest Bank 6300 Nall Avenue Mission KS 66202

Capital One PO Box 6492 Carol Stream IL 60197-6492

Cavalry SPV I LLC 500 Summit Lake DR Ste 400 Valhalla NY 10595

Citi Cards PO Box 790040 Saint Louis MO 63179-9819

Citi Cards PO Box 78045 Phoenix AZ 85062-8045

Comenity - Petland PO Box 183043 Columbus OH 43218-3043

Discover PO Box 790213 Saint Louis MO 63179-0213

Discover PO Box 30943 Salt Lake City UT 84130

Home Point Financial 2211 Old Earhart Road, Suite 250 Ann Arbor MI 48150 Home Point Financial 11511 Luna Rd, Ste 300 Dallas TX 75234

Internal Revenue Service ATTN: Mail Stop 5334 Advisory/Insolvency 2850 NE Independence Ave Lees Summit MO 64064

Lending Club 71 Stevenson Street Ste 300 San Francisco CA 94105

Manager of Finance 415 East 12th Street Kansas City MO 64106

McNeile Pappas PC 7500 W 110th St, Ste 110 Overland Park KS 66210

Missouri Department of Revenue PO Box 475 Jefferson City MO 65105-0475

Nationwide Credit, Inc. PO Box 14581
Des Moines IA 50306-3581

Synchrony Bank/Amazon Attn: Bankruptcy Dept PO Box 965060 Orlando FL 32896-5060

WebBank 215 South State ST Ste 1000 Salt Lake City UT 84111-2336 Case 19-42631-drd7 Doc 1 Filed 10/16/19 Entered 10/16/19 09:54:05 Desc Main Document Page 11 of 48

United States Bankruptcy Court Western District of Missouri

In re	Angela Linette Kitchen		Case No.			
		Debtor(s)	Chapter	7		
	<u>VE</u>	RIFICATION OF MAILING MA	TRIX			
	The above-named De	ebtor(s) hereby verifies that the atta	ached list of	creditors is		
	true and correct to the best of	of my knowledge and includes the	name and add	ress of my		
	ex-spouse (if any).					
Date:	October 15, 2019	/s/ Angela Linette Kitchen				
		Angela Linette Kitchen				
		Signature of Debtor				

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Fill in this information to identify your case:							
Debtor 1	Angela Linette Ki	tchen					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI				
Case number							
(if known)					☐ Check if this is an amended filing		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	original forms, you must fill out a new Summary and check the box at the top of this page.		•
Par	11: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	196,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	39,911.46
	1c. Copy line 63, Total of all property on Schedule A/B	\$	235,911.46
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	186,971.67
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,689.44
	Your total liabilities	\$	221,661.11
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,175.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,175.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	:hedules.
7.	Yes What kind of debt do you have?		
	- Value dabta are primarily consumer dabta. Consumer dabta are those (in sured by an individual primarily for	a naraa	l family or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Angela Linette Kitchen

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Port A on Cohodula E/E compthe followings	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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				Doc	ument	Page 14 of 48			
Fill i	n this inform	ation to identify	your case and th	is filing	j :				
Debt	or 1	Angela Line	te Kitchen						
		First Name		Name		Last Name			
Debt (Spou	or 2 se, if filing)	First Name	Middle	Name		Last Name			
					ICT OF MIS				
Office	eu States Dan	kruptcy Court for	tile. WESTERN	DISTR	ICT OF WIS	3300KI			
Case	number								☐ Check if this is an
									amended filing
~ · ·		4004/5							
_		<u>m 106A/B</u>	-						
Sc	hedule	e A/B: Pr	operty						12/15
Part '		Each Residence, Bu				Own or Have an Interest In			
П	No. Go to Part	2							
_	Yes. Where is								
_	res. where is	the property?							
1.1				What	is the prope	erty? Check all that apply			
_	1529 SE 11				Single-famil	ly home	Do not ded	uct secured cla	ims or exemptions. Put
	Street address, if	available, or other des	cription	Duplex or multi-unit building		nulti-unit building		the amount of any secured claims on Sche Creditors Who Have Claims Secured by Pr	
					Condominiu	um or cooperative		deduct secured claims or exemptions. Put ount of any secured claims on Schedule D: s Who Have Claims Secured by Property.	
					Manufacture	ed or mobile home	Current va	lue of the	Current value of the
_	Lees Sumr	mit MO	64081-0000		Land		entire prop		portion you own?
	City	State	ZIP Code		Investment Timeshare	property	\$19	96,000.00	\$196,000.00
					Other				our ownership interest ancy by the entireties, or
				Who		est in the property? Check one	•	state), if known.	
	_				Debtor 1 on	nly	Fee sim	ple	
-	Jackson					•			
	County					nd Debtor 2 only		k if this is com	munity property
						e of the deptors and another I you wish to add about this ite	`	,	
						ation number:			
2. <i>I</i>	Add the dolla	r value of the po	rtion you own fo	r all of	your entries	s from Part 1, including any	entries for		
þ	ages you ha	ve attached for	Part 1. Write that	numbe	r here			=>	\$196,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

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Debtor 1	Angela Linette Kitch	en	Case number	(if known)
Examp ■ No	nent for sports and hobbie oles: Sports, photographic, e musical instruments		equipment; bicycles, pool tables, golf clubs, skis;	canoes and kayaks; carpentry tools;
■ No	rms nples: Pistols, rifles, shotgun . Describe	s, ammunition, and relate	ed equipment	
□ No	es nples: Everyday clothes, furs Describe	, leather coats, designer	wear, shoes, accessories	
	Clothe	S		\$500.00
□ No		tume jewelry, engageme	nt rings, wedding rings, heirloom jewelry, watches	, gems, gold, silver
	Misc. C	Costume Jewelry		\$100.00
■ No	other personal and househ . Give specific information	-	lready list, including any health aids you did n	ot list
	the dollar value of all of your art 3. Write that number h		including any entries for pages you have atta	\$3,535.00
Part 4: D	escribe Your Financial Assets			
Do you o	wn or have any legal or eq	uitable interest in any o	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	nples: Money you have in yo	•	n a safe deposit box, and on hand when you file y	our petition
			certificates of deposit; shares in credit unions, brothe same institution, list each.	okerage houses, and other similar
■ Yes			Institution name:	
	17.1.	Checking Account	Commerce Bank	\$102.95
			Commons Boule	***
	17.2.	Savings Account	Commerce Bank	\$0.83

Official Form 106A/B

Debtor 1

		Doc	ument Page 17 of 48	esc Main
Debtor 1	Angela Linette Kitc	hen	Case number (if known)	
	17.3.	Checking Account	Commerce Bank (Account Joint with Debtor's Son)	\$52.82
	17.4.	Checking Account	Commerce Bank (Account Joint with Debtor's Son)	\$11.31
	17.5.	HSA	UMB	\$293.06
18. Bond s	s, mutual funds, or publi	cly traded stocks		
_	pples: Bond funds, investm	nent accounts with broker	age firms, money market accounts	
■ No		Institution or issuer nam	Je.	
⊔ Yes		mstitution of issuer flam	ic.	
	ublicly traded stock and venture	I interests in incorporate	ed and unincorporated businesses, including an interest in an l	_LC, partnership, and
■ No				
☐ Yes	. Give specific information Na	about them	% of ownership:	
			ole and non-negotiable instruments s' checks, promissory notes, and money orders.	
			er to someone by signing or delivering them.	
	. Give specific information	about them		
		suer name:		
Exam	ment or pension accourniples: Interests in IRA, ERI	ISA, Keogh, 401(k), 403(k	o), thrift savings accounts, or other pension or profit-sharing plans	
. 00	·	of account:	Institution name:	
	401((k)	Empower Retirement	\$31,415.49
Your Exam ■ No		its you have made so tha	t you may continue service or use from a company lic utilities (electric, gas, water), telecommunications companies, or of Institution name or individual:	others
_	ties (A contract for a perio	odic payment of money to	you, either for life or for a number of years)	
■ No	lssuer nar	ne and description.		
□ 163				
	sts in an education IRA, i .C. §§ 530(b)(1), 529A(b),		fied ABLE program, or under a qualified state tuition program.	
	Institution	name and description. Se	eparately file the records of any interests.11 U.S.C. § 521(c):	
	s, equitable or future inte	erests in property (other	r than anything listed in line 1), and rights or powers exercisable	e for your benefit
■ No □ Yes	. Give specific information	about them		
			ther intellectual property rom royalties and licensing agreements	
■ No				

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information about them...

Case 19-42631-drd7 Doc 1 Filed 10/16/19 Entered 10/16/19 09:54:05 Document Page 18 of 48 **Angela Linette Kitchen** Case number (if known) Debtor 1 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **Term Life Insurance Through Debtor's** \$0.00 **Employer (No Cash Value)** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Nο ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

 $\hfill \square$ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$31,876.46

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Official Form 106A/B Schedule A/B: Property

Case 19-42631-drd7 Doc 1 Filed 10/16/19 Entered 10/16/19 09:54:05 Document Page 19 of 48 Debtor 1 Case number (if known) Angela Linette Kitchen ☐ Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$196,000.00 56. Part 2: Total vehicles, line 5 \$4.500.00 57. Part 3: Total personal and household items, line 15 \$3,535.00

\$31,876.46

\$39,911.46

\$0.00

\$0.00

\$0.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

58. Part 4: Total financial assets, line 36

59. Part 5: Total business-related property, line 45

61. Part 7: Total other property not listed, line 54

60. Part 6: Total farm- and fishing-related property, line 52

Total personal property. Add lines 56 through 61...

\$235,911.46

\$39,911.46

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Fill in this inform					
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT O	OF MISSOURI		
Case number				☐ Check if the amended fi	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property	You Claim as Exempt
-------------------------------	---------------------

1.	Which set of	exemptions are you	ı claiming?	Check one only,	even if you	ur spouse is	filing with	you.
----	--------------	--------------------	-------------	-----------------	-------------	--------------	-------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Drief description of the property and line on	Current value of the	Λ	aunt of the evenution variables	Charifia laws that allow avamentian	
Brief description of the property and line on Schedule A/B that lists this property	portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
1529 SE 11th Street Lees Summit, MO 64081 Jackson County	\$196,000.00		\$15,000.00	RSMo § 513.475	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
2012 Honda Pilot 140,000 miles VIN: 5FNYF3H22CB021088	\$4,500.00		\$3,000.00	RSMo § 513.430.1(5)	
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
2012 Honda Pilot 140,000 miles VIN: 5FNYF3H22CB021088	\$4,500.00		\$1,500.00	RSMo § 513.440	
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
Living Room: Couch \$100, Table \$30; Dining Room: Table and Chairs \$100;			\$1,920.00	RSMo § 513.430.1(1)	
Kitchen: Microwave \$20; Deep Freezer \$100, Dishwasher \$100, Washing Machine \$150, Dryer \$100, Stove \$100, Dishes \$50, Cookware \$100, Small Appliances \$100; Bedroom #1: Bed \$300, Chair Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		

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Debtor 1 Angela Li	nette Kitchen				Case number (if kn	nown)	
Brief description of Schedule A/B that	f the property and line on lists this property	Current value of the portion you own	Amo	ount of the	exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one	box for each exemption	n.	
	Couch \$100, Table \$30; Table and Chairs \$100;	\$2,355.00			\$435.0	00	RSMo § 513.440
Freezer \$100, I Washing Mach	ed \$300, Chair				fair market value, up licable statutory limit	o to	
	op \$100, Game VCR/DVD Player \$80	\$580.00			\$580.0	00	RSMo § 513.430.1(1)
Line from Schedu					fair market value, up icable statutory limit	o to	
Clothes Line from Schedu	le A/R: 11 .1	\$500.00			\$500.0	00	RSMo § 513.430.1(1)
Eine nem coneda					fair market value, up icable statutory limit	o to	
Misc. Costume		\$100.00			\$100.0	00	RSMo § 513.430.1(2)
Eine nem coneda					fair market value, up icable statutory limit	to	
Checking Acco	ount: Commerce Bank	\$102.95			\$102.9	95	RSMo § 513.430.1(3)
Eine nom Goneda	10 / V.D. 1111				fair market value, up icable statutory limit	to	
Savings Accou	int: Commerce Bank	\$0.83			\$0.8	83	RSMo § 513.430.1(3)
					fair market value, up licable statutory limit	to	
HSA: UMB Line from Schedu	le A/B: 17.5	\$293.06			\$293.0	06	RSMo § 513.430.1(10)(f)
					fair market value, up licable statutory limit	to	
401(k): Empow Line from Schedu		\$31,415.49			100	%	RSMo § 513.430.1(10)(f)
					fair market value, up licable statutory limit	to	
Term Life Insur Debtor's Emplo	rance Through oyer (No Cash Value)	\$0.00			100	%	RSMo § 513.430.1(7)
Line from Schedu					fair market value, up icable statutory limit	to	
(Subject to adjust	a homestead exemption of ment on 4/01/22 and every 3 acquire the property covere	B years after that for ca	ises fil		·		,

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		Document	. Page z	2 01 48		
Fill in this information to ide	entify you	r case:				
Debtor 1 Angela First Name	Linette k	Kitchen Middle Name	Last Name			
Debtor 2		Wildel Name	Last Name			
(Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Cou	urt for the:	WESTERN DISTRICT OF	MISSOURI			
Case number (if known)					Chook	if this is an
(II KIIOWII)						if this is an ded filing
000 1 1 5 1 100 5						
Official Form 106D			_			
Schedule D: Cred	ditors	Who Have Clain	ns Secure	ed by Propert	у	12/15
Be as complete and accurate as is needed, copy the Additional Panumber (if known).						
1. Do any creditors have claims s	secured by	your property?				
☐ No. Check this box and	d submit th	nis form to the court with your o	other schedules.	You have nothing else t	o report on this form.	
Yes. Fill in all of the info	ormation b	pelow.				
Part 1: List All Secured C						
2. List all secured claims. If a cre		nore than one secured claim list th	ne creditor senarate	Column A	Column B	Column C
for each claim. If more than one comuch as possible, list the claims in	creditor has	a particular claim, list the other cre	editors in Part 2. As		Value of collateral that supports this claim	Unsecured portion If any
2.1 Arvest Bank		Describe the property that sec	ures the claim:	\$31,871.00	\$196,000.00	\$0.00
Creditor's Name		1529 SE 11th Street Lee MO 64081 Jackson Cou				
6300 Nall Avenue Mission, KS 66202		As of the date you file, the clair apply. Contingent	m is: Check all that			
Number, Street, City, State & Zip	p Code	Unliquidated				
Who owes the debt? Check one	ie.	☐ Disputed Nature of lien. Check all that approximately	oply.			
Debtor 1 only		An agreement you made (suc	ch as mortgage or s	ecured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lier	n, mechanic's lien)			
☐ At least one of the debtors and ☐ Check if this claim relates to		Judgment lien from a lawsuit	. Home Fa	uity Line of Credit		
community debt) a	Other (including a right to offs	set) Tiome Eq	unty Line of Great		
Date debt was incurred03/31	1/17	Last 4 digits of account	number <u>6500</u>			
2.2 Home Point Financia	al	Describe the property that sec	ures the claim:	\$155,100.67	\$196,000.00	\$0.00
Creditor's Name		1529 SE 11th Street Lee MO 64081 Jackson Cou				
2211 Old Earhart Ro	ad.		•			
Suite 250	,	As of the date you file, the claim apply.	m is: Check all that			
Ann Arbor, MI 48150)	Contingent				
Number, Street, City, State & Zip	p Code	☐ Unliquidated				
Who owes the debt? Check one	ıe.	Disputed Nature of lien. Check all that approximately	oply.			
Debtor 1 only		An agreement you made (suc		ecured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lier	n, mechanic's lien)			
At least one of the debtors and	d another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to community debt	а	Other (including a right to offs	First Mort	tgage		
Date debt was incurred 05/10	0/16	Last 4 digits of account	number 8715			

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Debtor 1	Angela Line	tte Kitchen		Case number (if known)			
	First Name	Middle Name	Last Name				
Add the	dollar value of y	our entries in Column A on t	his page. Write that number her	e:	\$186,971.67		
	the last page of at number here:	your form, add the dollar val	lue totals from all pages.		\$186,971.67		
Part 2:	List Others to	Be Notified for a Debt Th	at You Already Listed				
rying to o	collect from you f creditor for any o	or a debt you owe to someo	ne else, list the creditor in Part	I, and then I	ady listed in Part 1. For example, if a ist the collection agency here. Simila ou do not have additional persons t	arly, if you have more	
	me, Number, Stree	et, City, State & Zip Code ancial		On which lin	e in Part 1 did you enter the creditor? _	2.2	
	511 Luna Rd, allas, TX 7523			Last 4 digits	of account number		

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			Document	Page 24	l of 48	_	
Fill in th	is information to ident	ify your case:					
Debtor 1	Angela Liu	nette Kitchen					
200101	First Name		e Name	Last Name			
Debtor 2							
(Spouse if,	filing) First Name	Middle	e Name	Last Name			
United S	tates Bankruptcy Court	for the: WESTER	N DISTRICT OF MI	ISSOURI			
Case nu	mher						
(if known)						пс	check if this is an
						_ a	mended filing
O((; . ; -	L E 400E /E						
	I Form 106E/F	1471 11					40/45
	lule E/F: Credit				Part 2 for creditors with NON		12/15
Schedule Schedule left. Attacl	G: Executory Contracts a D: Creditors Who Have C	nd Unexpired Leases laims Secured by Prop	(Official Form 106G). perty. If more space is	Do not include a s needed, copy t	ontracts on Schedule A/B: any creditors with partially he Part you need, fill it out, lo not file that Part. On the	secured claims number the en	that are listed in tries in the boxes on the
Part 1:	List All of Your PRIC	RITY Unsecured C	laims				
	ny creditors have priority	unsecured claims aga	inst you?				
■ No	o. Go to Part 2.						
☐ Ye	es.						
Dout 2.	List All of Your NON	DDIODITY Unaccum	ad Claima				
Part 2:							
_	ny creditors have nonprio	_	•				
⊔ No	 You have nothing to repo 	ort in this part. Submit th	is form to the court wit	h your other sche	dules.		
■ Ye	es.						
unsed	cured claim, list the creditor one creditor holds a particu	separately for each cla	im. For each claim liste	ed, identify what ty	holds each claim. If a creditype of claim it is. Do not list clause three nonpriority unsecured controls.	aims already inc	luded in Part 1. If more
							Total claim
4.1	American Express		Last 4 digits of ac	count number	1008		\$1,547.42
1	Nonpriority Creditor's Name		_				· , ,
	PO Box 981535 El Paso, TX 79998-1	525	When was the del	bt incurred?	2018-2019		-
	Number Street City State Zi		As of the date you	u file, the claim is	s: Check all that apply		
١	Who incurred the debt? C	heck one.					
ı	Debtor 1 only		☐ Contingent				
I	Debtor 2 only		☐ Unliquidated				
I	Debtor 1 and Debtor 2 o	nly	☐ Disputed				
	At least one of the debto	-	Type of NONPRIC	RITY unsecured	l claim:		
I	☐ Check if this claim is fo	or a community	☐ Student loans				
	lebt s the claim subject to offs	set?	Obligations aris		ration agreement or divorce th	hat you did not	
ı	No		☐ Debts to pension	on or profit-sharing	g plans, and other similar deb	ots	
I	☐ Yes		Other. Specify	Credit Card	Purchases		

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Debt	or 1 Angela Linette Kitchen		Case number (if known)	
4.2	Capital One	Last 4 digits of account number	8552	\$3,143.73
	Nonpriority Creditor's Name PO Box 6492	When was the debt incurred?	2006-2019	
	Carol Stream, IL 60197-6492 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	l Purchases	
4.3	Capital One	Last 4 digits of account number	0043	\$6,245.38
	Nonpriority Creditor's Name PO Box 6492	When was the debt incurred?	2014-2019	
	Carol Stream, IL 60197-6492 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam's	э. Опеск ан так арргу	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	l Purchases	
4.4	Capital One	Last 4 digits of account number	6860	\$164.07
	Nonpriority Creditor's Name PO Box 6492	When was the debt incurred?	2019	
	Carol Stream, IL 60197-6492 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	э энгэн энгэ эррү	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a separeport as priority claims 	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other Specify Credit Card		
	— 153	- Cithor Shoothy Vicuit Vall		

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Debt	or 1 Angela Linette Kitchen	Case number (if known)	
4.5	Citi Cards	Last 4 digits of account number 5005	\$1,818.26
	Nonpriority Creditor's Name PO Box 790040	When was the debt incurred? 2017-2019	
	Saint Louis, MO 63179-9819 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	■ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
4.6	Comenity - Petland	Last 4 digits of account number 9248	\$818.89
	Nonpriority Creditor's Name PO Box 183043	When was the debt incurred? 2018-2019	
	Columbus, OH 43218-3043 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Greek an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Purchases	
4.7	Discover	Last 4 digits of account number 2590	\$11,263.72
	Nonpriority Creditor's Name		· ,
	PO Box 790213	When was the debt incurred? 2016-2019	
	Saint Louis, MO 63179-0213 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	ne et alle yeu me, ane etam et error an anac appriy	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Credit Card Purchases; Case no. 1916-CV23355 □ Other. Specify	

Case 19-42631-drd7 Doc 1 Filed 10/16/19 Entered 10/16/19 09:54:05 Desc Main Document Page 27 of 48 Angela Linette Kitchen Case number (if known)

Debtor '	Angela Linette Kitchen		Case number (if known)					
	Lending Club Nonpriority Creditor's Name	Last 4 digits of account number	3746	\$7,979.42				
	71 Stevenson Street Ste 300 San Francisco, CA 94105	When was the debt incurred?	01/17/18					
_	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed	. Later					
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	ed claim:					
	☐ Check if this claim is for a community debt	_	paration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	ratation agreement of divorce that you did not					
	■ No	Debts to pension or profit-shar	ing plans, and other similar debts					
	Yes	Other. Specify Personal I	_oan					
	Synchrony Bank/Amazon Nonpriority Creditor's Name	Last 4 digits of account number	6629	\$1,708.55				
	Attn: Bankruptcy Dept PO Box 965060	When was the debt incurred?	2013-2019					
_	Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:					
	Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-shar	ng plans, and other similar debts					
	Yes	■ Other. Specify Credit Car	d Purchases					
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed						
is tryin have m notifie	s page only if you have others to be notified g to collect from you for a debt you owe to s nore than one creditor for any of the debts th d for any debts in Parts 1 or 2, do not fill out	comeone else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1 or 2, then list the collection agency ditional creditors here. If you do not have add	here. Similarly, if you				
	d Address can Express	On which entry in Part 1 or Part 2 did yo Line 4.1 of (<i>Check one</i>):	u list the original creditor? \beth Part 1: Creditors with Priority Unsecured Clai	ms				
P.O. B	ox 650448		Part 2: Creditors with Nonpriority Unsecured					
Dallas,	TX 75265-0448	Last 4 digits of account number	, ,					
	d Address	On which entry in Part 1 or Part 2 did yo						
	y SPV I LLC mmit Lake DR Ste 400		Part 1: Creditors with Priority Unsecured Clai					
	a, NY 10595		Part 2: Creditors with Nonpriority Unsecured	Claims				
		Last 4 digits of account number	0106					
	d Address	On which entry in Part 1 or Part 2 did yo						
Citi Ca	rds x 78045		Part 1: Creditors with Priority Unsecured Clai					
	ix, AZ 85062-8045		Part 2: Creditors with Nonpriority Unsecured	Claims				
		Last 4 digits of account number						
	d Address	On which entry in Part 1 or Part 2 did yo	_					
Discov PO Bo	er x 30943	_	Part 1: Creditors with Priority Unsecured Clai					
	ike City, UT 84130		Part 2: Creditors with Nonpriority Unsecured	Claims				
		Last 4 digits of account number						

Case 19-42631-drd7 Doc 1 Filed 10/16/19 Entered 10/16/19 09:54:05 Desc Main Document Page 28 of 48 Angela Linette Kitchen Case number (if known)

Debtor 1 Angela Linette Kitchen		Case number (if known)		
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?		
McNeile Pappas PC	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
7500 W 110th St, Ste 110 Overland Park, KS 66210		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Overland Lark, NO 00210	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
Nationwide Credit, Inc.	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
PO Box 14581 Des Moines, IA 50306-3581		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Des montes, IA 30300-3301	Last 4 digits of account number	8774		
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?		
WebBank	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
215 South State ST Ste 1000 Salt Lake City, UT 84111-2336		■ Part 2: Creditors with Nonpriority Unsecured Claims		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 34,689.44
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 34,689.44

Last 4 digits of account number

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Fill in this infor	Fill in this information to identify your case:				
Debtor 1	Angela Linette Ki	tchen			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT O	OF MISSOURI		
Case number					
(if known)					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Princeton Heights HOA PO Box 253 Lees Summit, MO 64063	HOA Dues \$240.00 year.
2.2	Vivint 5132 North 300 West Provo, UT 84604	Home Security Contract - service \$60.00 per month; month-to-month; and equipment installation \$45.82 per month; Expires October, 2022.

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		Docume	nt Page 30 d	of 48	
Fill in this	information to identify your	case:			
Debtor 1	Angela Linette K	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	WESTERN DISTRICT (OF MISSOURI		
O					
Case numb (if known)					☐ Check if this is an
,					amended filing
					3
Official	l Form 106H				
	ule H: Your Cod	lobtoro			40/45
Schea	ule n. Your Cod	eptors			12/15
our name	and case number (if known you have any codebtors? (If). Answer every question			of any Additional Pages, write
•	, ou mare un, ou de die (n	you are iming a joint odoo,	ac not not our or opeaco		
■ No					
☐ Yes	;				
	nin the last 8 years, have you a, California, Idaho, Louisiana				states and territories include
■ No.	Go to line 3.				
☐ Yes	. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed th	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
-	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cree Check all schedules	ditor to whom you owe the debt s that apply:
2.4				Oshida Dir	
3.1	Name			☐ Schedule D, line	
				☐ Schedule E/F, lii	
				☐ Schedule G, line	
	Number Street				
(City	State	ZIP Code		
				Польто	
3.2	Name			Schedule D, line	
				☐ Schedule E/F, line ☐ Schedule G, line	
				Li Scriedule G, line	·
	Number Street	0	715.0		
(City	State	ZIP Code		

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Fill	in this information to identify your c	350·				l			
	otor 1 Angela Line								
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court for the	: WESTERN DISTRICT	OF MISSOURI						
	se number 						led filing nent showin	g postpetition chapter ollowing date:	
0	fficial Form 106I					MM / DD/	YYYY		
S	chedule I: Your Inc	ome						12/1	
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing wi	th you, do not inclu	de infor	matio	on about your sp	ouse. If mo	ore space is needed,	
1.	Fill in your employment information.		Debtor 1		Debtor	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed		☐ Emp	☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not	☐ Not employed		
	employers.	Occupation	Legal Admin. A	ssistan	t				
	Include part-time, seasonal, or self-employed work.	Employer's name	Polsinelli						
	Occupation may include student or homemaker, if it applies.	Employer's address	900 W 48th Plac Kansas City, Mo		2				
		How long employed t	here? 6 years	1					
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any l	ine, write \$0 in th	e space. Inc	clude your non-filing	
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	emplo	oyers for that pers	on on the li	nes below. If you need	
						For Debtor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,193.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	270.00	+\$	N/A	

Official Form 106I Schedule I: Your Income page 1

5,463.00

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	otor 1	Angela Linette Kitchen	-	Case n	number (if known)			
	Cor	by line 4 here	4.	For I	Debtor 1 5,463.00		Debtor 2 or filing spouse	
_	•	-	٠.	Ψ	3,403.00	Ψ	N/A_	
5.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a.	\$	4 050 00	\$	NI/A	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ —	1,050.00 0.00	\$ 	N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	382.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	232.00	\$	N/A	
	5e.	Insurance	5e.	\$	325.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: Life Insurance	5h.+	\$	9.00	+ \$	N/A	
		HSA		\$	150.00	\$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,148.00	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,315.00	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	• • •	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Contribution from Ex for Son's Other monthly income. Specify: Health Insurance	8h.+	\$	70.00	+ \$	N/A	
		Contribution from Sister for Rent/Utilities/Food		\$	790.00	\$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	860.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_	4	+ \$_		N/A = \$	4,175.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depend		•		chedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certaillies					- L	4,175.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?				Combine monthly	
		Yes. Explain: Debtor was working alot of overtime due to a spe	ecial p	rojec	t. That has ei	nded.		

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Angela Linette Kitchen		Chec	k if this is:	
	Angela Emette Niterien			An amended filing	
	ouse, if filing)			A supplement show 13 expenses as of	ving postpetition chapter
``			_	<u>'</u>	
Unit	ted States Bankruptcy Court for the: WESTERN DISTRICT OF MISSO	DURI		MM / DD / YYYY	
	se number nown)				
(11 K	nown)				
\bigcirc	fficial Form 106J				
	chedule J: Your Expenses				12/1
Ве	as complete and accurate as possible. If two married people ar				or supplying correct
	ormation. If more space is needed, attach another sheet to this table (if known). Answer every question.	form. On the top of an	ny additio	onal pages, write y	our name and case
	t 1: Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Househo	ld of Debt	tor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Nephew		13	Yes
		Son		16	□ No ■ Yes
		Son's Friend's			■ res
		Girlfriend		18	Yes
		C		40	□ No
		Son			■ Yes □ No
		Son's Friend		19	■ Yes
					□ No
0	Danish and the first	Sister		34	■ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
D	<u>· </u>				
	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless y	ou are using this form	n as a su	pplement in a Cha	pter 13 case to report
	penses as of a date after the bankruptcy is filed. If this is a suppolicable date.	elemental Schedule J,	check th	e box at the top o	f the form and fill in the
•		.			
the	lude expenses paid for with non-cash government assistance it value of such assistance and have included it on Schedule I: Y	r you know <i>'our Incom</i> e		.,	
(Of	ficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		1,174.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4a. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		100.00

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Debtor 1	Angela Linette Kitchen	Case number (if known)	
4d.	Homeowner's association or condominium dues	4d. \$	20.00
5. Add	itional mortgage payments for your residence, such as home equity loans	5. \$	370.00

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Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection	6a. \$ 6b. \$	250.00
6a. Electricity, heat, natural gas		250.00
6b. Water, sewer, garbage collection	6b. \$	
		106.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	280.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	800.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	50.00
Personal care products and services	10. \$	40.00
Medical and dental expenses	11. \$	100.00
Transportation. Include gas, maintenance, bus or train fare.	12. \$	350.00
Do not include car payments.	· —	
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	30.00
Charitable contributions and religious donations Insurance.	14. \$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	328.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	·· · · ·	<u> </u>
Specify: Personal Property Taxes	16. \$	30.00
Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as		0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	
Other payments you make to support others who do not live with you. Specify:	\$ 19.	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Scho		۵
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: Vivint	21. +\$	106.00
Netflix	+\$	16.00
Audible	+\$	15.00
Amazon Prime	+\$	10.00
Calculate your monthly expenses 22a. Add lines 4 through 21.	, m	4.475.00
3	\$	4,175.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	4,175.00
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,175.00
23b. Copy your monthly expenses from line 22c above.	23b\$	4,175.00
• • •		.,
23c. Subtract your monthly expenses from your monthly income.		0.00
The result is your monthly net income.	23c. \$	0.00
Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No.		increase or decrease because of
Type Explain here:		

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Fill in this info	rmation to identify your	case:			
Debtor 1	Angela Linette Ki				
Dahtar 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Sankruptcy Court for the:	WESTERN DISTRICT C	OF MISSOURI		
Case number					
(if known)				_ c	heck if this is an
				aı	mended filing
· You must file thobtaining mone	nis form whenever you fi	n connection with a bank	or amended schedules	s. Making a false statement, conce in fines up to \$250,000, or imprise	
Sig	gn Below				
Did you p	ay or agree to pay some	one who is NOT an attor	ney to help you fill out l	bankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petitic Declaration, and Signatu	
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules file	ed with this declaration and	
	gela Linette Kitchen		x		
	la Linette Kitchen ure of Debtor 1		Signature of	f Debtor 2	
Date	October 15, 2019		Date		

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Fill in this inform	ation to identify you	r case:			
Debtor 1	Angela Linette		Leat News		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	WESTERN DISTRICT OF	F MISSOURI		
Case number					
(if known)				_	Check if this is an amended filing
Official For	m 107				
		Affairs for Individ	duals Filing for B	ankruptcy	4/1
information. If mo	ore space is needed,	attach a separate sheet to		equally responsible for sup y additional pages, write you	
<u> </u>). Answer every que				
Part 1: Give De	etails About Your Ma	arital Status and Where You	u Lived Before		
1. What is your	current marital statu	is?			
☐ Married					
Not marr	ied				
2. During the la	st 3 years, have you	lived anywhere other than	where you live now?		
-					
■ No □ Yes List	all of the places you l	ived in the last 3 years. Do no	ot include where you live nov	ı	
	, ,	ŕ	ŕ		
Debtor 1 Price	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
states and territorie	es include Arizona, Ca	llifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	ity property state or territor ico, Texas, Washington and V	
☐ Yes. Mak	ce sure you fill out Scl	hedule H: Your Codebtors (O	fficial Form 106H).		
Part 2 Explain	the Sources of You	r Income			
Fill in the total If you are filing No	amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including part e together, list it only once ur		ndar years?
– 165.11111	iii tile details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the date you filed	of current year until for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$57,755.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
For last calendar (January 1 to Dec		☐ Wages, commissions, bonuses, tips	\$48,584.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
Official Form 107			fairs for Individuals Filing for B	· -	page '

	e n		e number (if known)	
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2017)	☐ Wages, commissions, bonuses, tips			
	☐ Operating a business		☐ Operating a business	
winnings. If you are filing a joint of List each source and the gross in No Yes. Fill in the details.	come from each source separa	-	nat you listed in line 4.	
	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year un the date you filed for bankruptcy:	Other - Contributions from Ex for Son's Health Insurance	\$700.00		
	Other - Contributions	\$7,900.00		
	from Sister	ψ1,300.00		
For last calendar year: (January 1 to December 31, 2018)		\$840.00		
	Other - Contributions from Ex for Son's	. ,		
	Other - Contributions from Ex for Son's Health Insurance Other - Contributions	\$840.00		

individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

□ No. Go to line 7.

List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do ☐ Yes not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Case 19-42631-drd7 Doc 1 Filed 10/16/19 Entered 10/16/19 09:54:05 Desc Main Page 39 of 48 Document Debtor 1 Case number (if known) Angela Linette Kitchen Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment** Total amount Amount you Was this payment for ... paid still owe **Home Point Financial** Regular monthly \$3,522.00 \$155,100.67 Mortgage 2211 Old Earhart Road, Suite 250 payments of ☐ Car Ann Arbor, MI 48150 \$1174.00 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other **Arvest Bank** 7/23/19 - \$356.94; \$1,105.80 \$31,871.00 □ Mortgage 6300 Nall Avenue 8/23/19 - \$368.83; ☐ Car Mission, KS 66202 09/19 - \$380.03 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other **HELOC** Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο ☐ Yes. List all payments to an insider. Insider's Name and Address **Dates of payment** Amount you Reason for this payment **Total amount** paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No

Official Form 107

Case title

Case number

Court or agency

Nature of the case

Yes. Fill in the details.

Status of the case

Debtor	Case 19-42631-drd7	Doc	1 Filed 10/16/ Document	19 Entered 10/16/19 09:5 Page 40 of 48 Case number (if known)	64:05 Desc Main
_	Case title		Nature of the case	Court or agency	Status of the case
D	case number Discover Bank vs. Angela L Kitchen 916-CV23355		Collection	Jackson County Courthouse Collection Department 415 East 12th Street Kansas City, MO 64106	■ Pending □ On appeal □ Concluded
	ithin 1 year before you filed for ba	•		perty repossessed, foreclosed, garnis	hed, attached, seized, or levied?

	Discover Bank vs. Angela L Kitchen 1916-CV23355	Collection	Jackson County Courthouse Collection Department 415 East 12th Street Kansas City, MO 64106	■ Pending □ On appe □ Conclud	eal
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		ur property repossessed, foreclosed	, garnished, attache	d, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.				
	Creditor Name and Address	Describe the Pr		Date	Value of the property
11.	Within 90 days before you filed for bank accounts or refuse to make a payment bank No Yes. Fill in the details.		itor, including a bank or financial ins	stitution, set off any a	amounts from your
	Creditor Name and Address	Describe the ac	ction the creditor took	Date action was taken	Amount
	court-appointed receiver, a custodian, o No Yes **T5: List Certain Gifts and Contribution Within 2 years before you filed for bank No Yes. Fill in the details for each gift.	ns	any gifts with a total value of more th	nan \$600 per person	?
	Gifts with a total value of more than \$6 per person Person to Whom You Gave the Gift and Address:		he gifts	Dates you gave the gifts	Value
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or or		any gifts or contributions with a tota	I value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		vhat you contributed	Dates you contributed	Value
Pa	t 6: List Certain Losses				
15.	or gambling?	uptcy or since you fil	led for bankruptcy, did you lose anyt	hing because of the	it, fire, other disaster
	☐ Yes. Fill in the details. Describe the property you lost and how the loss occurred	Include the amount	rance coverage for the loss that insurance has paid. List pending line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfer	'S			

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 4 Case 19-42631-drd7 Doc 1 Filed 10/16/19 Entered 10/16/19 09:54:05 Desc Main Document Page 41 of 48

Debtor 1 Angela Linette Kitchen

Case number (if known)

	consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.					
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and variansferred	value of any prop	erty	Date payment or transfer was made	Amount of payment
	Barlow & Niffen, PC 1901 Swift Avenue North Kansas City, MO 64116-3421 barlow@kclawinfo.com	Attorney Fees			09/03/19	\$1,500.00
17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						erty to anyone who
	□ No ■ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and variansferred	Description and value of any property transferred		Date payment or transfer was made	Amount of payment
	Crossroads Financial Technologies PO Box 940 San Jose, CA 95113	Income from wardeposited \$496 December, 2016 then received ramount of \$193	.00 monthly fro 8 to March, 201 efund or credit	om 9 but	December, 2018 - March, 2019	\$39.80
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details.	usiness or financial affa ade as security (such as	airs? the granting of a s			
	Person Who Received Transfer Address Person's relationship to you				any property or s received or debts xchange	Date transfer was made
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No					
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	Description and value of the property transferred			Date Transfer was made
Par	List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association.	or other financial accou	nts; certificates o	of deposit; s		
	Yes. Fill in the details.		_			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number			ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer

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Debtor 1 Angela Linette Kitchen

Case number (if known)

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?			
22.	Have you stored property in a storage unit or pl	ace other than your home within 1	year before you filed for bankruptcy?	?			
	No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?			
Par	t 9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that someofor someone.	one else owns? Include any propert	y you borrowed from, are storing for,	, or hold in trust			
	■ No						
	☐ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Par	t 10: Give Details About Environmental Informa	ation					
For	the purpose of Part 10, the following definitions	apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, ground					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	defined under any environmental la	aw, whether you now own, operate, o	or utilize it or used			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		waste, hazardous substance, toxic s	substance,			
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when	they occurred.				
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environme	ental law?			
	■ No						
	☐ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any	release of hazardous material?					
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
,							

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☐ Yes. Name of Person _

__. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1	Angela Linette	Kitchen			
	First Name	Middle Name	Last Name		
Debtor 2					
Spouse if, filing)	First Name	Middle Name	Last Name		
Jnited States Ba	ankruptcy Court for the	e: WESTERN DISTRICT C	DF MISSOURI		
Case number _					Check if this is an
i kilowily				"	amended filing
					amenaea ming

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:	List Your	Creditors	Who Have	Secured	Claims
Fail I	i List four	Creditors	vvno nave	Securea	Ciain

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C	
☐ Surrender the property.	□ No	
■ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	■ Yes	
☐ Surrender the property. ☐ Retain the property and redeem it.	□ No	
■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes	
	Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Angela Linette Kitchen		nette Kitchen	Case number (if known)	
Les	sor's nam	ie:	Princeton Heights HOA	□ No
				■ Yes
	scription of perty:	f leased	HOA Dues \$240.00 year.	
Les	sor's nam	ne:	Vivint	□ No
				■ Yes
	Description of leased Property: Home Security Contract - service \$60.0 equipment installation \$45.82 per mon			ce \$60.00 per month; month-to-month; and er month; Expires October, 2022.
Par	t 3: Sig	gn Below		
			ry, I declare that I have indicated m t to an unexpired lease.	intention about any property of my estate that secures a debt and any personal
Χ	/s/ Ang	jela Line	tte Kitchen	X
	Angela Linette Kitchen Signature of Debtor 1			Signature of Debtor 2
	Date	Octobe	er 15, 2019	Date

Fill ir	this information to identify your case:		Ch	neck on	e box only as di	rected in this form and	d in Form
Debt	or 1 Angela Linette Kitchen		12	2A-1Su	ipp:		
Debt	or 2			■ 4 エ	hara ia na nraa	mantion of abuse	
	se, if filing)				•	umption of abuse	
Unite	ed States Bankruptcy Court for the: Western District of	Missouri				o determine if a presu nade under <i>Chapter</i> 7	
Case	e number					cial Form 122A-2).	W6476 7660
(if kno						does not apply now be service but it could a	
				☐ Ch	eck if this is a	n amended filing	
Off	icial Form 122A - 1						
Ch	apter 7 Statement of Your Cur	rent Mo	nthly Inc	come	е		10/19
attach case i	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wonumber (if known). If you believe that you are exempted fror ying military service, complete and file Statement of Exemp 1: Calculate Your Current Monthly Income	hich the addition a presumption	nal information and of abuse becau	applies. ise you	On the top of an	y additional pages, wri narily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one on	ıly.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill ou	it both Columns	s A and B, lines	2-11.			
	\square Married and your spouse is NOT filing with you.	You and your	spouse are:				
	\square Living in the same household and are not lega	lly separated.	Fill out both Co	olumns .	A and B, lines 2	<u>-</u> 11.	
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are leftiving apart for reasons that do not include evading	egally separate	d under nonbar	nkruptcy	y law that applie	s or that you and you	
10 the	Il in the average monthly income that you received from all state (10A). For example, if you are filing on September 15, the 6-mere 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that property.	onth period would by 6. Fill in the re	d be March 1 thro esult. Do not inclu	ugh Aug de any ii	ust 31. If the amo	unt of your monthly incor ore than once. For examp	ne varied during ole, if both
				Colun		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and commissi	ons (before all	\$	6,444.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regula I, your depende	r contributions ents, parents,	\$	0.00	\$	
1	Net income from operating a business, profession,	or farm					
			btor 1				
	Gross receipts (before all deductions)	\$ 0.00	-				
	Ordinary and necessary operating expenses	-\$ 0.00	Copy here ->	· c	0.00	\$	
١ ـ	Net monthly income from a business, profession, or farm	n\$0.00	Copy nere ->	. ф —	0.00	Φ	
6.	Net income from rental and other real property	Del	btor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00	-				
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	•\$	0.00	\$	
	Interest, dividends, and royalties		-	\$	0.00	\$	

Official Form 122A-1

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Angela Linette Kitchen Debtor 1 Case number (if known) Column A Column R Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Contribution from Ex for Health Insur 70.00 **Contribution from Sister** 790.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 7,304.00 7,304.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 7,304.00 Multiply by 12 (the number of months in a year) **x** 12 87,648.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the number of people in your household. 94.651.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Angela Linette Kitchen Angela Linette Kitchen Signature of Debtor 1 Date October 15, 2019

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Debtor 1	Angela Linette Kitchen	Case number (if known)	
	MM/DD/YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form		